

County: Bayfield  
NORTHERN LIGHTS HEALTH CARE CENTER  
706 BRATLEY DRIVE

Facility ID: 1430

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WASHBURN 54891 Phone:(715) 373-5621  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 75  
Total Licensed Bed Capacity (12/31/02): 75  
Number of Residents on 12/31/02: 72

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 71

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	Yes					1 - 4 Years		31.9
Supp. Home Care-Personal Care	No					More Than 4 Years		44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4			23.6
Day Services	No	Mental Illness (Org./Psy)	30.6	65 - 74	5.6			-----
Respite Care	Yes	Mental Illness (Other)	1.4	75 - 84	23.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	56.9	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	12.5		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	23.6	65 & Over	98.6	-----		
Transportation	No	Cerebrovascular	12.5		-----	RNs		15.3
Referral Service	No	Diabetes	13.9	Sex	%	LPNs		9.0
Other Services	No	Respiratory	5.6	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	20.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	79.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	1.9	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Skilled Care	7	100.0	296			51	98.1	112	0	0.0	0	13	100.0	144	0	0.0	0	0	0.0	0	71	98.6
Intermediate	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0				52	100.0		0	0.0		13	100.0		0	0.0		0	0.0		72	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		2.9		88.9		9.7		72	
Private Home/With Home Health		5.8		80.6		6.9		72	
Other Nursing Homes		5.8		70.8		6.9		72	
Acute Care Hospitals		84.1		69.4		11.1		72	
Psych. Hosp.-MR/DD Facilities		0.0		36.1		6.9		72	
Rehabilitation Hospitals		0.0		*****					
Other Locations		1.4							
Total Number of Admissions		69	Continence		% Special Treatments				%
Percent Discharges To:			Indwelling Or External Catheter		Receiving Respiratory Care				22.2
Private Home/No Home Health		20.0	Occ/Freq. Incontinent of Bladder		Receiving Tracheostomy Care				0.0
Private Home/With Home Health		33.8	Occ/Freq. Incontinent of Bowel		Receiving Suctioning				0.0
Other Nursing Homes		0.0			Receiving Ostomy Care				2.8
Acute Care Hospitals		9.2	Mobility		Receiving Tube Feeding				0.0
Psych. Hosp.-MR/DD Facilities		1.5	Physically Restrained		Receiving Mechanically Altered Diets				37.5
Rehabilitation Hospitals		0.0							
Other Locations		3.1	Skin Care		Other Resident Characteristics				
Deaths		32.3	With Pressure Sores		Have Advance Directives				95.8
Total Number of Discharges			With Rashes		Medications				
(Including Deaths)		65			Receiving Psychoactive Drugs				56.9
*****									
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities									
*****									
		This Facility		Ownership:		Bed Size:		Licensure:	
		Peer Group		Nonprofit		50-99		Skilled	
		Ratio		Peer Group		Peer Group		Peer Group	
		%		%		%		%	
		Ratio		Ratio		Ratio		Ratio	
		All Facilities							
		Ratio							
Occupancy Rate: Average Daily Census/Licensed Beds		92.8	86.5	1.07	83.5	1.11	83.3	1.11	85.1 1.09
Current Residents from In-County		86.1	79.3	1.09	72.9	1.18	75.8	1.14	76.6 1.12
Admissions from In-County, Still Residing		27.5	23.9	1.15	22.2	1.24	22.0	1.25	20.3 1.36
Admissions/Average Daily Census		97.2	107.3	0.91	110.2	0.88	118.1	0.82	133.4 0.73
Discharges/Average Daily Census		91.5	110.2	0.83	112.5	0.81	120.6	0.76	135.3 0.68
Discharges To Private Residence/Average Daily Census		49.3	41.6	1.19	44.5	1.11	49.9	0.99	56.6 0.87
Residents Receiving Skilled Care		100	93.2	1.07	93.5	1.07	93.5	1.07	86.3 1.16
Residents Aged 65 and Older		98.6	95.7	1.03	93.5	1.05	93.8	1.05	87.7 1.12
Title 19 (Medicaid) Funded Residents		72.2	69.2	1.04	67.1	1.08	70.5	1.02	67.5 1.07
Private Pay Funded Residents		18.1	22.6	0.80	21.5	0.84	19.3	0.94	21.0 0.86
Developmentally Disabled Residents		0.0	0.6	0.00	0.7	0.00	0.7	0.00	7.1 0.00
Mentally Ill Residents		31.9	35.9	0.89	39.0	0.82	37.7	0.85	33.3 0.96
General Medical Service Residents		0.0	18.1	0.00	17.6	0.00	18.1	0.00	20.5 0.00
Impaired ADL (Mean)		43.1	48.7	0.88	46.9	0.92	47.5	0.91	49.3 0.87
Psychological Problems		56.9	52.0	1.09	54.6	1.04	52.9	1.08	54.0 1.05
Nursing Care Required (Mean)		9.4	6.8	1.38	6.8	1.39	6.8	1.38	7.2 1.30